

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) The Lincoln Project		FEC IDENTIFICATION NUMBER ▼ C C00725820	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Summit Strategic Communications LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 07 / 2020	
Mailing Address 6300 Sagewood Dr Ste H-543		Amount 116725.00	
City Park City	State UT	Zip Code 84098-7502	Transaction ID : 500049892
Purpose of Expenditure Media Buy	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 30 / 2020	
Name of Federal Candidate MCSALLY, MARTHA, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AZ	
Calendar Year-To-Date Per Election for Office Sought 150759.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Summit Strategic Communications LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 07 / 2020	
Mailing Address 6300 Sagewood Dr Ste H-543		Amount 5735.00	
City Park City	State UT	Zip Code 84098-7502	Transaction ID : 500050526
Purpose of Expenditure Production Services	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 05 / 08 / 2020	
Name of Federal Candidate MCSALLY, MARTHA, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AZ	
Calendar Year-To-Date Per Election for Office Sought 150759.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	122460.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Galen, Reed, , ,

[Electronically Filed]

Date

MM / DD / YYYY
05 / 09 / 2020

Signature

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(Schedule E)PAGE 2 OF 2
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NAME OF COMMITTEE (In Full) The Lincoln Project		FEC IDENTIFICATION NUMBER ▼ C C00725820
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on

Full Name of Payee TUSK Digital		Date of Public Distribution/Dissemination MM / DD / YYYY 05 / 07 / 2020
Mailing Address 1441 L St NW FI 12		Amount 9000.00
City Washington	State DC	Zip Code 20005-3512
Purpose of Expenditure Digital Buy	Category/Type 004	Transaction ID : 500050331 Date of Disbursement or Obligation MM / DD / YYYY 04 / 30 / 2020
Name of Federal Candidate MCSALLY, MARTHA, ,		Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AZ
Calendar Year-To-Date Per Election for Office Sought 150759.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address		Amount
City	State	Zip Code
Purpose of Expenditure	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	9000.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	131460.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Galen, Reed, ,**[Electronically Filed]*

Date

MM / DD / YYYY
05 / 09 / 2020

Signature